



Tigard Police Department
13125 SW Hall Blvd
Tigard, OR 97223
503-639-6168

Department Use:

Case # _____

District # _____

Cross Street _____

Request for Residential Vacation Checks

(Three weeks maximum)

If you live within the City of Tigard, and would like to have vacation checks performed on your residence, please complete this form and submit to Tigard Police Records at least 72 hours prior to your planned absence. *Please Print.*

Personal Information

Name: _____ Residence Address: _____

Date of Birth: ____ / ____ / ____

Phone: _____ Email Address: _____

Date Leaving: ____ / ____ / ____ Date Returning: ____ / ____ / ____

Papers/Mail/Deliveries Stopped? YES / NO

Will any lights be left on? YES / NO Will lights be on a timer? YES / NO

If lights on, which rooms? (Example: front hallway, back bedroom, etc.) _____

Pets: YES / NO Type: _____ Indoor / Outdoor

Who will be caring for the animal(s)? _____

Does anyone have your permission to be on your premises? YES / NO

If yes, who? _____ Address: _____

Vehicle Information (Vehicles to be at the residence)

Year: _____ Make: _____ Model: _____ Color: _____ Plate: _____

Year: _____ Make: _____ Model: _____ Color: _____ Plate: _____

Year: _____ Make: _____ Model: _____ Color: _____ Plate: _____

Emergency Contact

Have you let a neighbor, friend or relative know how to contact you in case of an emergency? YES / NO

Contact Name: _____ Address: _____

Phone: _____ Does this person have a key to your home? YES / NO

Do you have an alarm system? YES / NO Monitoring Company: _____ Phone: _____

Please list any other information that you feel the police should be aware of:

Authorization and Waiver

The undersigned does hereby grant and request the Tigard Police Department and its Officers to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City of Tigard; its employees, and agents for any claim for personal injury, loss or damage to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the City of Tigard. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the city, will be provided only as time is available, and no guarantee is made nor assurance given against loss, theft, or damage to premises. The undersigned does hereby agree to secure the premises when leaving and take whatever security measures at his/her disposal to cooperate in preventing crime, fire or other incidents from occurring. The undersigned has noted any conditions that will assist the police during these checks and will notify the Tigard Police Department when he/she returns.

SIGNED THIS _____ DAY OF _____, 2_____

BY: _____
Signature

Department Use Only:

Accepted by: _____ Date: ____/____/____ Case # _____ District #: _____ Cross Street _____

Residence Check Performed:

By: _____ ID# _____ Date: ____/____/____ Time: _____ AM / PM

Condition Noted: _____

By: _____ ID# _____ Date: ____/____/____ Time: _____ AM / PM

Condition Noted: _____

Notified of resident's return:

Date: ____/____/____ Time: _____ AM / PM